## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **P9700060464** Mar 05, 2001 8:00 am **Secretary of State** CENTRAL MOTION CARS, INC. 03-05-2001 90314 050 \*\*\*150.00 Principal Place of Business Mailing Address 6325 NORTH ORANGE BLOSSOM TRAIL 6325 NORTH ORANGE BLOSSOM TRAIL SUITE 118 SUITE 118 ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3461389 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLON, RICHARD JR Street Address (P.O. Box Number is Not Acceptable) 5676 BRECKENRIDGE DRIVE ORLANDO FL 32818 Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) · Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME COLON, RICHARD JR. STREET ADDRESS STREET ADDRESS 5676 BRECKENRIDGE CIR CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32818 TITLE VP ☐ Delete TITLE ☐ Change ☐ Addition NAME COLON, DORIS NAME STREET ADDRESS STREET ADDRESS 5676 BRECKENRIDGE CIR CITY-ST-ZIP CITY-ST-ZIP ORLANDO: FL 32818 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-7IP

RICHAND COLON JO., Dos. 2/2/201 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR